

Please type a plus sign (+) inside this box ☐

0010/PTO Rev. 6/95 U.S. Department of Commerce Patent and Trademark Office DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	310307.90061
	First Named Inventor	Rui Sousa
	COMPLETE IF KNOWN	
	Application Number	08/713,331
	Filing Date	September 13, 1996
	Group Art Unit	
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR USING MUTANT RNA POLYMERASES WITH REDUCED DISCRIMINATION BETWEEN NON-CANONICAL AND CANONICAL NUCLEOSIDE TRIPHOSPHATES

the specification of which

(Title of the invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

September 13, 1996

as United States Application Number of PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box ☐

DECLARATION				Page 2	
<p>I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>					
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)		
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto					
<p>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:</p>					
<input type="checkbox"/> Firm Name 		Customer or label Number 			
<input checked="" type="checkbox"/> OR List attorney(s) and/or agent(s) name and registration number below					
Name	Registration Number	Name	Registration Number		
Nicholas J. Seay	27,386				
Jean C. Baker	35,433				
David G. Ryser	36,407				
Bennett J. Berson	37,094				
<input type="checkbox"/> Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto					
Please direct all correspondence to <input type="checkbox"/> Customer or label Number		OR <input type="checkbox"/> Fill in correspondence address below			
Name	Jean C. Baker				
Address	Quarles & Brady				
Address	411 East Wisconsin Avenue				
City	Milwaukee	State	Wisconsin	Zip	53202-4497
Country	United States of America	Telephone	(414) 277-5709	Fax	(414) 271-3552
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>					
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Rui	Middle Initial	n.m.i.	Family Name	Sousa
Inventor's Signature					Date
					11/27/96
Residence: City	San Antonio	State	TX	Country	United States of America
Citizenship	U.S.A.				
Post Office Address	129 East Agarita Avenue				
Post Office Address					
City	San Antonio	State	TX	Zip	78384
Country	United States of America		Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					

Please type a plus sign (+) inside this box ☐

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name	Jerome	Middle Initial	J.	Family Name	Jendrisak	Suffix e.g. Jr.			
Inventor's Signature	<i>Jerome J Jendrisak</i>					Date	12-1-96		
Residence: City	Madison	State	WI	Country	United States of America	Citizenship	U.S.A.		
Post Office Address	2721 Mason Street								
Post Office Address									
City	Madison	State	WI	Zip	53705	Country	United States of America	Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State		Zip		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State		Zip		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State		Zip		Country		Applicant Authority	
Additional inventors are being named on supplemental sheet(s) attached hereto									

Please type a plus sign (+) inside this box +